

# Medical Report

Prepared for the Court

## Section A - Claimant's details

Claimants full name

Mr Forename Surname

Date of Birth

DD/MM/YYYY

Address

Address, Address,  
Town,  
Post Code.

Occupation

Librarian

1.1 Has photo ID been confirmed ?

Yes  No

If Yes, what type of ID was checked?

Appointment Letter and Bank Card  
The photographic ID provided was a true likeness of the Injured Party and I am happy to confirm the Injured Party's identity. I am unable to provide a copy with the report.

1.2 Date of accident

DD/MM/YYYY

1.3 Age of the claimant at time of accident ?

## Years

1.4 Date of examination

DD/MM/YYYY

1.5 Time since accident

2 months 13 days

1.6 Place of examination

Ark House  
15-17  
Exchange Road  
Watford  
WD18 0JD

1.7 Accompanied by

1.8 Date of report

DD/MM/YYYY

1.9 Name of instructing solicitors/agency

Instructor: Generic Solicitors  
Inst Ref: Test/CS  
Agency: Generic Reporting Services Ltd  
Agency Ref: Test

## Section B

### Introduction to the Report

This medical report is prepared for The Court. I am instructed by Generic Solicitors, through Generic Reporting Services Ltd to prepare a Medical Report on Mr Forename Surname, in connection with the personal injuries he sustained on DD/MM/YYYY.

I interviewed and examined Mr Forename Surname on DD/MM/YYYY.

**This Medical Report is based on the following assessments:**

- i. Verbal information.
- ii. Clinical examination.
- iii. Written instructions from the instructing party.

### History

**History of the Accident in Question:**

Mr Surname informs me that he was involved in a road traffic accident. The accident occurred on the morning of DD/MM/YYYY. At the time of the accident the road surface was dry and the visibility was good.

Mr Surname was the driver of a car. He was wearing a seat belt and the car was fitted with a headrest. At the time of the accident, the car was stationary on a main road. The car was hit by another car from the rear. The impact occurred at about 45 mph.

Mr Surname was not able to brace himself before the accident. He was looking straight ahead at the time of the impact. He was jolted forward and backward. Mr Surname was able to exit the vehicle unaided. Due to the accident the car was written off.

**Symptoms:**

*(As described to me at the time of examination)*

Mr Surname developed moderate pain, stiffness and discomfort in the neck immediately after the accident. These improved after 6 weeks and are now mild and intermittent.

He developed moderate pain and stiffness in the right shoulder the day after the accident. These improved after 6 weeks and are now mild and intermittent.

He suffered moderate grazing of the chin immediately after the accident. This resolved 3 weeks from the date of the accident. This symptom was due to direct

trauma sustained in the accident.

### **Treatment:**

Mr Surname did not receive any treatment at the scene of the accident. After the accident he drove home.

He took painkillers 1 hour after the accident. The treatment finished 2 days later. He stopped as he does not like taking painkillers.

He attended his GP surgery 1 week after the accident. He was advised to use painkillers and to rest and received a sick note for 1 week.

He attended physiotherapy 2 weeks after the accident. He has had 3 sessions. The treatment is still continuing.

### **Past Medical History:**

Mr Surname has had 1 episode of pain in neck and lower back. He has suffered from this about 3 years ago. It has been treated with physiotherapy. He fully recovered after 4 months. This has not been exacerbated by the accident.

Mr Surname had an accident at work 6 years ago which caused injuries to his right wrist. He fully recovered after a few months. This injury has not been exacerbated by the accident.

## **Present symptoms reported by claimant**

### **Fear of travel**

Mr Surname experienced moderate fear of travel immediately after the accident. This improved after 3 weeks and is now mild.

### **Pain and stiffness to the right shoulder**

He developed moderate pain and stiffness in the right shoulder the day after the accident. These improved after 6 weeks and are now mild and intermittent.

### **Pain, stiffness and discomfort to the neck**

Mr Surname developed moderate pain, stiffness and discomfort in the neck immediately after the accident. These improved after 6 weeks and are now mild and intermittent.

## **Section C**

### **Employment position/Education**

Mr Surname states that his main occupation is as a Librarian for 40 hours per

week. He took 1 week off work following the index accident. He is still restricted to light duties.

## Consequential effects

### **Home Circumstances:**

Mr Surname confirms that he lives with his wife and son.

### **Effects on Domestic Lifestyle:**

His sleep had been moderately restricted. He would normally do this activity every day prior to the accident. The problem has improved and is now mild.

### **Extra Help:**

Mr Surname informs me that he did not require any paid care or assistance following the accident.

### **Effects on Social and Leisure:**

Since the accident he is unable to dance. He would normally dance a few times a week prior to the accident.

His ability to play cricket has been severely restricted. He would normally play cricket once a fortnight prior to the accident. It has not yet improved.

### **Missed Events:**

The client claims that he did not miss any events due to the accident.

### **Travel:**

Mr Surname experienced moderate fear of travel immediately after the accident. This improved after 3 weeks and is now mild.

## Section D

### Medical records review

A medical records review has not been undertaken in this case. I do not consider that a medical records review is required as it should not influence my opinion and prognosis given in this assessment.

### On examination

#### **General:**

Weight: 70 kg

Height: 170 cm

Dominant hand: Right-handed

### **Psychological Examination:**

*(Based on the interview and my clinical observations, today)*

Mr Surname had good eye contact, rapport and smiled appropriately. There were no psychotic features, delusional ideas or thought disorders. He answered my questions intelligently. He had normal speech and was oriented in time and place. He had no tearfulness, agitation or associated hand tremors.

### **Injuries, scars, wounds and other examination:**

He appeared to move a little stiffly during the assessment.

No bruising or swelling was seen relevant to the index accident.

There was no visible scarring from the injury to the claimants chin.

### **Musculoskeletal Examination:**

#### **Neck**

Forward flexion and extension of the neck were 90 - 99% of normal and appeared to cause discomfort.

There was muscle spasm and soft tissue tenderness.

Rest of the neck examination was normal.

#### **Upper Limbs**

Right shoulder, right hand above head and right hand behind back were 90 - 99% of normal and appeared to cause discomfort.

Rest of the upper limbs examination was normal.

## **Diagnosis opinion and prognosis**

### **Opinion:**

I was able to obtain a good history

Mr Surname's injuries and recovery period were entirely consistent with the account of the accident.

Mr Surname's treatment has been appropriate.

The problems reported in Mr Surname's home life are consistent and reasonable.

His time off work has been appropriate.  
He is currently fit for work.

## PROSPECTS ON THE OPEN JOB MARKET

In my opinion on the balance of probabilities his employment prospects are likely to be unaffected.

### **Prognosis:**

*Taking into account, the circumstances of the incident, the injuries sustained and their progress, the claimant's reported injuries and my examination findings, the claimant's age and past medical history, treatment received and to be received, I summarise the injuries and prognosis as follows:*

#### **Grazing of the chin**

He suffered moderate grazing of the chin immediately after the accident. This resolved 3 weeks from the date of the accident. This symptom was due to direct trauma sustained in the accident.

#### **Pain, stiffness and discomfort to the neck**

On the balance of probabilities, the neck pain, stiffness and discomfort is solely attributable to the index accident. For this symptom no additional treatment is required. In my opinion this symptom is due to a whiplash injury. I anticipate this symptom will fully resolve between 5 - 7 months from the date of the accident.

#### **Pain and stiffness to the right shoulder**

On the balance of probabilities, the right shoulder pain and stiffness is solely attributable to the index accident. For this symptom no additional treatment is required. In my opinion this symptom is due to a whiplash injury. I anticipate this symptom will fully resolve between 5 - 7 months from the date of the accident.

#### **Fear of travel**

On the balance of probabilities, the fear of travel problem is solely attributable to the index accident. For this symptom no additional treatment is required. In my opinion this symptom is due to psychological trauma. I anticipate this symptom will fully resolve between 5 - 7 months from the date of the accident.

If the claimant does not recover within the anticipated time scale then a re-examination may be required.

## Section E

### Seatbelts

Was the claimant wearing a seatbelt?

Yes

No

## Section F

### Future treatment and rehabilitation

None

## Section G

I confirm that I have verified with the claimant the facts as referred to in this report.

### Signature

Dr Asef Zafar's signature  
omitted in the example report

### Date

DD/MM/YYYY

## Declaration

I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.

I am aware of the requirements of Part 35 and practice direction 35, the protocol for instructing experts to give evidence in civil claims and the practice direction on pre-action conduct.

I have set out in my report that I understand from those instructing me to be the questions in respect of which my opinions as an expert are required.

I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters, which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.

I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.

Wherever I have no personal knowledge, I have indicated the source of factual information.

I have not included anything in this report, which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.

Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.

I understand that this report will be evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.

I have not entered into any agreement where the amount of payment of my fee is in any way dependant on the outcome of the case.

## Statement of Truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

### Signature

Dr Asef Zafar's signature  
omitted in the example report

### Date

DD/MM/YYYY

Dr Asef Zafar  
MBBS MRCGP

*I am an Independent Medical Legal advisor. My Report is based on my completely independent opinion, regardless to the fact that who has instructed me for this work. I hold full registration with the General Medical Council. I am a member of the British Medical Association. I am also a member of the Medical Protection Society.*

## References

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- ◆ Carette S. Whiplash injury and chronic neck pain. N Engl. J med 1994; 330:1083-4
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- ◆ Whiplash.  
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Accessed at 22-June-2008

## Medical Expert Curriculum Vitae

### Professional Registration Details:

*GMC reference number* - 5207520

*MPS Number* - 338018

### Current Appointments / Posts:

General Practitioner

### Qualification:

MBBS MRCGP

### Experience:

I qualified as a Doctor in 1993 and worked in various specialities ranging from Accident & Emergency Medicine, Trauma & Orthopaedics to Psychiatry. I trained as a General Practitioner in Cambridge and I have a special interest in Orthopaedic Medicine and the Medicolegal Aspects of Injuries. Since 2006 I have developed my own medicolegal practice and now complete over 1600 reports per year.